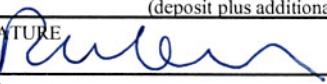


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER <i>Please Read Instructions:</i>						
1. NAME Rebecca Glenberg		2. PHONE NUMBER (804) 644-8080		3. DATE 11/7/2013		
4. MAILING ADDRESS 701 E. Franklin St., Suite 1412		5. CITY Richmond		6. STATE VA	7. ZIP CODE 23219	
8. CASE NUMBER 5:13cv77	9. JUDGE Urbanksi	DATES OF PROCEEDINGS 10. FROM 10/29/2013 11. TO 10/29/2013				
12. CASE NAME Harris v. McDonnell		LOCATION OF PROCEEDINGS 13. CITY Harrisonburg 14. STATE VA				
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify) 10/29/2013		
<input type="checkbox"/> SENTENCING				Motions		
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE 				PROCESSED BY		
19. DATE 11/7/2013				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED	DATE	BY				
DEPOSIT PAID			DEPOSIT PAID			
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00		

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY